

## NEW APPLICATION TRANSMITTAL FORM

To the Assistant Commissioner for Patents:

This is a Request for filing a non-provisional patent application under 37 CFR 1.53(b) entitled METHODS AND COMPOSITIONS FOR MODULATING ALPHA ADRENERGIC RECEPTOR ACTIVITY by the following named inventors:

1	Full Name of Inventor	Last Name: CHOW	First Name: KEN	Middle Name:	
	Residence and Citizenship	City: NEWPORT COAST	State or Foreign Country: CALIFORNIA	Country Of Citizenship: USA	
	Post Office Address	Post Office Address: 20 TIDAL SURF	City: NEWPORT COAST	State or Country: CALIFORNIA	Zip Code: 92657
2	Full Name of Inventor	Last Name: GIL	First Name: DANIEL	Middle Name: W.	
	Residence and Citizenship	City: CORONA DEL MAR	State or Foreign Country: CALIFORNIA	Country Of Citizenship: USA	
	Post Office Address	Post Office Address: 2541 POINT DEL MAR	City: CORONA DEL MAR	State or Country: CALIFORNIA	Zip Code: 92625
3	Full Name of Inventor	Last Name: FANG	First Name: WENKUI KEN	Middle Name:	
	Residence and Citizenship	City: IRVINE	State or Foreign Country: CALIFORNIA	Country Of Citizenship: USA	
	Post Office Address	Post Office Address: 73 PEPPERMINT TREE	City: IRVINE	State or Country: CALIFORNIA	Zip Code: 92618

4	Full Name of Inventor	Last Name: GARST	First Name: MICHAEL	Middle Name: E.	
	Residence and Citizenship	City: NEWPORT BEACH	State or Foreign Country: CALIFORNIA	Country Of Citizenship: USA	
	Post Office Address	Post Office Address: 2627 RAQUETA	City: NEWPORT BEACH	State or Country: CALIFORNIA	Zip Code: 92660
5	Full Name of Inventor	Last Name: WHEELER	First Name: LARRY	Middle Name: A.	
	Residence and Citizenship	City: IRVINE	State or Foreign Country: CALIFORNIA	Country Of Citizenship: USA	
	Post Office Address	Post Office Address: 18 VALLEY VIEW	City: IRVINE	State or Country: CALIFORNIA	Zip Code: 92612

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 27 pages, claims of 2 pages and abstract 1 page.

[X] Oath or Declaration

[ ] Enclosed is a copy of the executed oath or declaration from Serial No. \_\_\_\_\_.

() Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$740.00	\$740.00
Total Claims	6 minus 20	=	0x \$18	.00
Independent Claims	3 minus 3	=	0x \$84	.00
If application contains any multiple dependent claims, then add \$280.00				
<b>TOTAL FILING FEE</b>				<b>740.00</b>

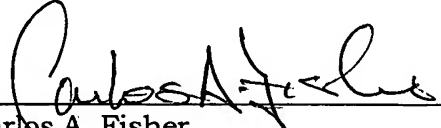
- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- () A copy of a recorded assignment bestowing all interest in this application to Allergan Sales, Inc in Serial No. 09/548,410 is enclosed.
- () New drawings are enclosed in \_\_ sheets.
- () A Statement Pursuant to 37 CFR 1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR § 1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- () The Power of Attorney in this application is to Carlos A. Fisher, Registration Number 36,510.
- (X) The Power of Attorney appears in the combined Declaration and Power of Attorney, filed herewith.
- () A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

Carlos A. Fisher  
 Registration No. 36,510  
 ALLERGAN, INC.  
 T2-7H  
 2525 Dupont Drive  
 Irvine, CA 92612  
 Tel: 714-246-4920  
 Fax: 714-246-4249

Respectfully submitted,

Date: 10/16/01

  
 Carlos A. Fisher  
 Registration No. 36,510  
 Attorney of Record

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Chow et al.

Group Art Unit: Not yet assigned

Serial No.: Not yet assigned

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail bearing Label No. EL385557912US in an envelope addressed to: Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231 on:

Filed: Herewith

For: Methods and Compositions  
For Modulating Alpha Adrenergic  
Receptor Activity

Date of Deposit: 10/19/01

Printed Name of Person making Deposit: Carlos Fisher

Signature: 

Date of Signature: 10/19/01

Examiner: Not yet assigned

CERTIFICATE OF EXPRESS MAILING

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

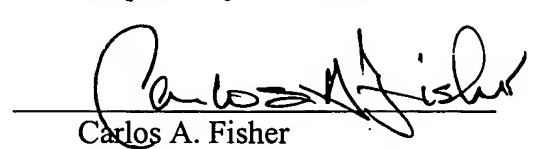
Dear Sir:

Enclosed are a patent application for filing pursuant to 37 CFR 1.53(b). Specifically, accompanying this communication please find:

- (a) Specification in 27 pages, 2 pages claims, 1 page abstract;
- (b) Transmittal sheet in three (3) pages (in duplicate);
- (c) Signed Declaration and Power of Attorney in three (3) pages;
- (d) Information Disclosure Statement and PTO Form 1449.

Respectfully submitted,

Date: 10/19/01

  
 Carlos A. Fisher

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